FLEXIBLE BENEFITS PLAN

ELECTION FORM

TALL TREE ADMINISTRATORS

Effective JANUARY 1, 2012 through DECEMBER 31, 2012

PLAN INFORMATION

EMPLOYER NAME: WASHINGTON COUNTY PLAN YEAR: 2012

PLEASE PRINT OR TYPE

EMPLOYEE INFORMATION

NAME DATE OF HIRE SOCIAL SECURITY NUMBER

LAST FIRST MI

HOME ADDRESS

NUMBER AND STREET CITY STATE ZIP CODE

DATE OF BIRTH E-MAIL ADDRESS PHONE NUMBER GENDER ☐ M ☐ F

PARTICIPANT'S EFFECTIVE PLAN DATE _____ DATE OF FIRST PAYROLL DEDUCTION _____

ELECTION INFORMATION

I understand that the rules of the Internal Revenue Code allow me to use part of my salary on a pre-tax basis to purchase one of more of the following benefits.
I hereby elect to participate in my employer's Flexible Benefits Plan as indicated below.

BENEFIT ELECTIONS OPTIONS	ELECTION	DEDUCTION		
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) You may elect a maximum of $ 3000.00 per year, minimum of $120 Note: Over the Counter medications are no longer elgible as of 1/1/2011	Yes ☐ No ☐	$_____ PER PAY PERIOD	No. of Paychecks	$_____ ANNUAL
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCA) Maximum of $5,000 per Plan Year if single parent or is married and filing a joint return. Maximum of $2,500 if married and filing seperately. Note: DCA is for Childcare Services only	Yes ☐ No ☐	$_____ PER PAY PERIOD	No. of Paychecks	$_____ ANNUAL

I have reviewed and understand the terms and conditions of this plan. I understand that I can not change or revoke this election at any time during the Plan Year unless I have a Qualifying Life Event change (including marriage, divorce, death, birth or adoption of a child, change or termination of spouse's employment, change in dependent care provider or such other events as the Plan Sponsor determines will permit a change or revocation of an election). I further acknowledge that I am responsible for keeping all receipts verifying all eligible expenses and must submit such receipts to my plan administator for claims substantiation.

OPTIONAL:

☐ I would like to request an additional card for my spouse or tax dependent.

PARTICIPANT'S SIGNATURE X DATE

HR'S SIGNATURE X DATE

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